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## APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/982,894 10/18/2001 PAT 6,685,176 \*  
 (\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

**\*\* 03/10/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WY	SHEETS DRAWING 8	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 1
Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Examiner's Signature		Initials			

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## TITLE

Clamp pad and bar clamp assembly

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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